

110TH CONGRESS  
2D SESSION

# H. R. 7302

To amend the Public Health Service Act with respect to health professions education, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2008

Ms. DEGETTE introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act with respect to health professions education, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Health Professions and  
5       Primary Care Reinvestment Act”.

6       **SEC. 2. TABLE OF CONTENTS; REFERENCES IN ACT.**

7       (a) TABLE OF CONTENTS.—The table of contents for  
8       this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents; references in Act.
- Sec. 3. Federally supported student loan funds.
- Sec. 4. Centers of excellence.
- Sec. 5. Health professions training for diversity.

- Sec. 6. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship; community health needs assessments; primary care training institutes.
- Sec. 7. Training in general and pediatric dentistry; loan repayments.
- Sec. 8. Interdisciplinary, community-based linkages.
- Sec. 9. Geriatrics education and training.
- Sec. 10. Training in graduate psychology education.
- Sec. 11. Health professions workforce information and analysis.
- Sec. 12. Health workforce information, evaluation, and assessment.
- Sec. 13. Funding for dental public health and preventive medicine.
- Sec. 14. Academic health departments grant program.
- Sec. 15. Definitions.

1       (b) REFERENCES IN ACT.—Except as otherwise spec-  
 2       ified, amendments made by this Act to a section or other  
 3       provision of law are amendments to such section or other  
 4       provision of the Public Health Service Act (42 U.S.C. 201  
 5       et seq.).

6       **SEC. 3. FEDERALLY SUPPORTED STUDENT LOAN FUNDS.**

7       (a) PURPOSE.—Subpart II of title VII (42 U.S.C.  
 8       292q et seq.) is amended by inserting after the subpart  
 9       heading the following:

10      **“SEC. 720A. PURPOSE.**

11           “The purpose of this subpart is to improve the sup-  
 12       ply, distribution, diversity, and quality of health profes-  
 13       sionals in the healthcare workforce by—

14           “(1) making health professionals more acces-  
 15       sible to low-income, underserved, uninsured, minor-  
 16       ity, health disparity, and rural populations;

17           “(2) improving the training of primary care  
 18       physicians, dentists, physician assistants, behavioral  
 19       and mental health professionals, public health pro-  
 20       fessionals, and other health professionals; and

1 “(3) training faculty educators in the health  
2 professions.”.

3 (b) LOAN PROVISIONS.—Section 722 (42 U.S.C.  
4 292r) is amended by striking subsection (e) and inserting  
5 the following:

6 “(e) RATE OF INTEREST.—Such loans shall bear in-  
7 terest, on the unpaid balance of the loan, computed only  
8 for periods for which the loan is repayable, at the rate  
9 of 2 percent less than the applicable rate of interest de-  
10 scribed in section 427A(l)(1) of the Higher Education Act  
11 of 1965 (20 U.S.C. 1077a(l)(1)) per year.”.

12 (c) MEDICAL SCHOOLS AND PRIMARY HEALTH  
13 CARE.—Section 723 (42 U.S.C. 292s) is amended—

14 (1) in subsection (a)—

15 (A) in paragraph (1), by striking subpara-  
16 graph (B) and inserting the following:

17 “(B) to practice in such care for 10 years  
18 (including residency training in primary health  
19 care) or through the date on which the loan is  
20 repaid in full, whichever occurs first.”; and

21 (B) by striking paragraph (3) and insert-  
22 ing the following:

23 “(3) NONCOMPLIANCE BY STUDENT.—Each  
24 agreement entered into with a student pursuant to  
25 paragraph (1) shall provide that, if the student fails

1 to comply with such agreement, the loan involved  
2 will begin to accrue interest at a rate of 2 percent  
3 per year greater than the rate at which the student  
4 would pay if compliant in such year.”; and

5 (2) by adding at the end the following:

6 “(d) SENSE OF CONGRESS.—It is the sense of Con-  
7 gress that funds repaid under the loan program under this  
8 section should not be transferred to the Treasury of the  
9 United States or otherwise used for any other purpose  
10 other than to carry out this section.”.

11 (d) STUDENT LOAN GUIDELINES.—The Secretary of  
12 Health and Human Services shall not require parental fi-  
13 nancial information from a student to determine financial  
14 need under section 723 of the Public Health Service Act  
15 (42 U.S.C. 292s) and the determination of need for such  
16 information shall be at the discretion of applicable school  
17 loan officer. The Secretary shall amend guidelines issued  
18 by the Health Resources and Services Administration in  
19 accordance with the preceding sentence.

20 **SEC. 4. CENTERS OF EXCELLENCE.**

21 Section 736 of the Public Health Service Act (42  
22 U.S.C. 293) is amended—

23 (1) by striking subsection (a) and inserting the  
24 following:

1       “(a) IN GENERAL.—The Secretary shall make grants  
2 to, and enter into contracts with, public and nonprofit pri-  
3 vate health or educational entities, including designated  
4 health professions schools described in subsection (c), for  
5 the purpose of assisting the entities in supporting pro-  
6 grams of excellence in health professions education for  
7 underrepresented minorities in health professions.”;

8               (2) by striking subsection (b) and inserting the  
9 following:

10       “(b) REQUIRED USE OF FUNDS.—The Secretary  
11 may not make a grant under subsection (a) unless the des-  
12 ignated health professions school agrees, subject to sub-  
13 section (c)(1)(C), to use the funds awarded under the  
14 grant to—

15               “(1) develop a large competitive applicant pool  
16 through linkages with institutions of higher edu-  
17 cation, local school districts, and other community-  
18 based entities and establish an education pipeline for  
19 health professions careers;

20               “(2) establish, strengthen, or expand programs  
21 to enhance the academic performance of underrep-  
22 resented minority in health professions students at-  
23 tending the school;

24               “(3) improve the capacity of such school to  
25 train, recruit, and retain underrepresented minority

1 faculty members including the payment of such sti-  
2 pends and fellowships as the Secretary may deter-  
3 mine appropriate;

4 “(4) carry out activities to improve the informa-  
5 tion resources, clinical education, curricula, and cul-  
6 tural and linguistic competence of the graduates of  
7 the school, as it relates to minority health issues;

8 “(5) facilitate faculty and student research on  
9 health issues particularly affecting racial and ethnic  
10 minority groups, including research on issues relat-  
11 ing to the delivery of culturally competent healthcare  
12 (as defined in section 270);

13 “(6) establish and implement a program to  
14 train students of the school in providing health serv-  
15 ices to racial and ethnic minority individuals through  
16 training provided to such students at community-  
17 based health facilities that—

18 “(A) provide such health services; and

19 “(B) are located at a site remote from the  
20 main site of the teaching facilities of the school;

21 “(7) provide stipends as the Secretary deter-  
22 mines appropriate, in amounts as the Secretary de-  
23 termines appropriate; and

“(8) conduct accountability and other reporting activities, as required by the Secretary in subsection (i).”;

(3) in subsection (c)—

(A) by amending paragraph (1) to read as follows:

“(1) DESIGNATED SCHOOLS.—

“(A) IN GENERAL.—The designated health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraphs (B) and (C), and that—

“(i) meet each of the conditions specified in paragraph (2)(A);

“(ii) meet each of the conditions specified in paragraph (3);

“(iii) meet each of the conditions specified in paragraph (4); or

“(iv) meet each of the conditions specified in paragraph (5).

“(B) GENERAL CONDITIONS.—The conditions specified in this subparagraph are that a designated health professions school—

“(i) has a significant number of underrepresented minority in health pro-

1           fessions students enrolled in the school, in-  
2           cluding individuals accepted for enrollment  
3           in the school;

4           “(ii) has been effective in assisting  
5           such students of the school to complete the  
6           program of education and receive the de-  
7           gree involved;

8           “(iii) has been effective in recruiting  
9           such students to enroll in and graduate  
10          from the school, including providing schol-  
11          arships and other financial assistance to  
12          such students and encouraging such stu-  
13          dents from all levels of the educational  
14          pipeline to pursue health professions ca-  
15          reers; and

16          “(iv) has made significant recruitment  
17          efforts to increase the number of underrep-  
18          resented minority in health professions in-  
19          dividuals serving in faculty or administra-  
20          tive positions at the school.

21          “(C) CONSORTIUM.—The condition speci-  
22          fied in this subparagraph is that, in accordance  
23          with subsection (e)(1), the designated health  
24          profession school involved has with other health  
25          profession schools (designated or otherwise)



1           formed a consortium to carry out the purposes  
2           described in subsection (b) at the schools of the  
3           consortium.

4           “(D) APPLICATION OF CRITERIA TO  
5           OTHER PROGRAMS.—In the case of any criteria  
6           established by the Secretary for purposes of de-  
7           termining whether schools meet the conditions  
8           described in subparagraph (B), this section may  
9           not, with respect to racial and ethnic minority  
10          groups, be construed to authorize, require, or  
11          prohibit the use of such criteria in any program  
12          other than the program established in this sec-  
13          tion.”;

14          (B) by amending paragraph (2) to read as  
15          follows:

16          “(2) CENTERS OF EXCELLENCE AT CERTAIN  
17          HISTORICALLY BLACK COLLEGES AND UNIVER-  
18          SITIES.—

19               “(A) CONDITIONS.—The conditions speci-  
20               fied in this subparagraph are that a designated  
21               health professions school is a school described  
22               in section 799B(1).

23               “(B) USE OF GRANT.—In addition to the  
24               purposes described in subsection (b), a grant  
25               under subsection (a) to a designated health pro-

1           fessions school meeting the conditions described  
2           in subparagraph (A) may be expended—

3                   “(i) to develop a plan to achieve insti-  
4                   tutional improvements, including financial  
5                   independence, to enable the school to sup-  
6                   port programs of excellence in health pro-  
7                   fessions education for underrepresented  
8                   minority individuals; and

9                   “(ii) to provide improved access to the  
10                  library and informational resources of the  
11                  school.

12               “(C) EXCEPTION.—The requirements of  
13               paragraph (1)(C) shall not apply to a histori-  
14               cally black college or university that receives  
15               funding under this paragraph or paragraph  
16               (5).”; and

17               (C) by amending paragraphs (3) through  
18               (5) to read as follows:

19               “(3) HISPANIC CENTERS OF EXCELLENCE.—

20           The conditions specified in this paragraph are  
21           that—

22                   “(A) with respect to Hispanic individuals,  
23                   each of clauses (i) through (iv) of paragraph  
24                   (1)(B) applies to the designated health profes-  
25                   sions school involved;

1           “(B) the school agrees, as a condition of  
2           receiving a grant under subsection (a) of this  
3           section, that the school will, in carrying out the  
4           duties described in subsection (b) of this sec-  
5           tion, give priority to carrying out the duties  
6           with respect to Hispanic individuals; and

7           “(C) the school agrees, as a condition of  
8           receiving a grant under subsection (a) of this  
9           section, that—

10           “(i) the school will establish an ar-  
11           rangement with one or more public or non-  
12           profit community-based Hispanic serving  
13           organizations, or public or nonprofit pri-  
14           vate institutions of higher education, in-  
15           cluding schools of nursing, whose enroll-  
16           ment of students has traditionally included  
17           a significant number of Hispanic individ-  
18           uals, the purposes of which will be to carry  
19           out a program—

20           “(I) to identify Hispanic students  
21           who are interested in a career in the  
22           health profession involved; and

23           “(II) to facilitate the educational  
24           preparation of such students to enter  
25           the health professions school; and

1                   “(ii) the school will make efforts to  
2                   recruit Hispanic students, including stu-  
3                   dents who have participated in the under-  
4                   graduate or other matriculation program  
5                   carried out under arrangements established  
6                   by the school pursuant to clause (i)(II) and  
7                   will assist Hispanic students regarding the  
8                   completion of the educational requirements  
9                   for a degree from the school.

10                  “(4) NATIVE AMERICAN CENTERS OF EXCEL-  
11                  LENCE.—Subject to subsection (e), the conditions  
12                  specified in this paragraph are that—

13                       “(A) with respect to Native Americans,  
14                       each of clauses (i) through (iv) of paragraph  
15                       (1)(B) applies to the designated health profes-  
16                       sions school involved;

17                       “(B) the school agrees, as a condition of  
18                       receiving a grant under subsection (a) of this  
19                       section, that the school will, in carrying out the  
20                       duties described in subsection (b) of this sec-  
21                       tion, give priority to carrying out the duties  
22                       with respect to Native Americans; and

23                       “(C) the school agrees, as a condition of  
24                       receiving a grant under subsection (a) of this  
25                       section, that—

1 “(i) the school will establish an ar-  
2 rangement with 1 or more public or non-  
3 profit private institutions of higher edu-  
4 cation, including schools of nursing, whose  
5 enrollment of students has traditionally in-  
6 cluded a significant number of Native  
7 Americans, the purpose of which arrange-  
8 ment will be to carry out a program—

9 “(I) to identify Native American  
10 students, from the institutions of  
11 higher education referred to in clause  
12 (i), who are interested in health pro-  
13 fessions careers; and

14 “(II) to facilitate the educational  
15 preparation of such students to enter  
16 the designated health professions  
17 school; and

18 “(ii) the designated health professions  
19 school will make efforts to recruit Native  
20 American students, including students who  
21 have participated in the undergraduate  
22 program carried out under arrangements  
23 established by the school pursuant to  
24 clause (i) and will assist Native American  
25 students regarding the completion of the

1 educational requirements for a degree from  
2 the designated health professions school.

3 “(5) OTHER CENTERS OF EXCELLENCE.—The  
4 conditions specified in this paragraph are—

5 “(A) with respect to other centers of excel-  
6 lence, the conditions described in clauses (i)  
7 through (iv) of paragraph (1)(B); and

8 “(B) that the health professions school in-  
9 volved has an enrollment of underrepresented  
10 minorities in health professions significantly  
11 above the national average for such enrollments  
12 of health professions schools.”; and

13 (4) by striking subsection (h) and inserting the  
14 following:

15 “(h) FORMULA FOR ALLOCATIONS.—

16 “(1) ALLOCATIONS.—Based on the amount ap-  
17 propriated under subsection (i) for a fiscal year, the  
18 following subparagraphs shall apply as appropriate:

19 “(A) IN GENERAL.—If the amounts appro-  
20 priated under subsection (i) for a fiscal year are  
21 \$24,000,000 or less—

22 “(i) the Secretary shall make available  
23 \$12,000,000 for grants under subsection  
24 (a) to health professions schools that meet

1 the conditions described in subsection  
2 (c)(2)(A); and

3 “(ii) and available after grants are  
4 made with funds under clause (i), the Sec-  
5 retary shall make available—

6 “(I) 60 percent of such amount  
7 for grants under subsection (a) to  
8 health professions schools that meet  
9 the conditions described in paragraph  
10 (3) or (4) of subsection (c) (including  
11 meeting the conditions under sub-  
12 section (e)); and

13 “(II) 40 percent of such amount  
14 for grants under subsection (a) to  
15 health professions schools that meet  
16 the conditions described in subsection  
17 (c)(5).

18 “(B) FUNDING IN EXCESS OF  
19 \$24,000,000.—If amounts appropriated under  
20 subsection (i) for a fiscal year exceed  
21 \$24,000,000 but are less than \$30,000,000—

22 “(i) 80 percent of such excess  
23 amounts shall be made available for grants  
24 under subsection (a) to health professions  
25 schools that meet the requirements de-

scribed in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and

“(ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

“(C) FUNDING IN EXCESS OF \$30,000,000.—If amounts appropriated under subsection (i) for a fiscal year exceed \$30,000,000 but are less than \$40,000,000, the Secretary shall make available—

“(i) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

“(ii) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

“(iii) not less than \$6,000,000 for grants under subsection (a) to health pro-



1           fessions schools that meet the conditions  
2           described in subsection (c)(5); and

3           “(iv) after grants are made with  
4           funds under clauses (i) through (iii), any  
5           remaining excess amount for grants under  
6           subsection (a) to health professions schools  
7           that meet the conditions described in para-  
8           graph (2)(A), (3), (4), or (5) of subsection  
9           (c).

10          “(D) FUNDING IN EXCESS OF  
11          \$40,000,000.—If amounts appropriated under  
12          subsection (i) for a fiscal year are \$40,000,000  
13          or more, the Secretary shall make available—

14               “(i) not less than \$16,000,000 for  
15               grants under subsection (a) to health pro-  
16               fessions schools that meet the conditions  
17               described in subsection (c)(2)(A);

18               “(ii) not less than \$16,000,000 for  
19               grants under subsection (a) to health pro-  
20               fessions schools that meet the conditions  
21               described in paragraph (3) or (4) of sub-  
22               section (c) (including meeting conditions  
23               pursuant to subsection (e));

24               “(iii) not less than \$8,000,000 for  
25               grants under subsection (a) to health pro-

1 professions schools that meet the conditions  
2 described in subsection (c)(5); and

3 “(iv) after grants are made with  
4 funds under clauses (i) through (iii), any  
5 remaining funds for grants under sub-  
6 section (a) to health professions schools  
7 that meet the conditions described in para-  
8 graph (2)(A), (3), (4), or (5) of subsection  
9 (c).

10 “(2) NO LIMITATION.—Nothing in this sub-  
11 section shall be construed as limiting the centers of  
12 excellence referred to in this section to the des-  
13 ignated amount, or to preclude such entities from  
14 competing for grants under this section.

15 “(3) MAINTENANCE OF EFFORT.—

16 “(A) IN GENERAL.—With respect to activi-  
17 ties for which a grant made under this part are  
18 authorized to be expended, the Secretary may  
19 not make such a grant to a center of excellence  
20 for any fiscal year unless the center agrees to  
21 maintain expenditures of non-Federal amounts  
22 for such activities at a level that is not less  
23 than the level of such expenditures maintained  
24 by the center for the fiscal year preceding the

1           fiscal year for which the school receives such a  
2           grant.

3           “(B) USE OF FEDERAL FUNDS.—With re-  
4           spect to any Federal amounts received by a cen-  
5           ter of excellence and available for carrying out  
6           activities for which a grant under this part is  
7           authorized to be expended, the center shall, be-  
8           fore expending the grant, expend the Federal  
9           amounts obtained from sources other than the  
10          grant, unless given prior approval from the Sec-  
11          retary.

12          “(i) AUTHORIZATION OF APPROPRIATIONS.—There  
13          are authorized to be appropriated to carry out this sec-  
14          tion—

15               “(1) \$50,000,000 for each of the fiscal years  
16          2009 through 2013; and

17               “(2) and such sums as are necessary for each  
18          subsequent fiscal year.”.

19   **SEC. 5. HEALTH PROFESSIONS TRAINING FOR DIVERSITY.**

20          (a) LOAN REPAYMENTS AND FELLOWSHIPS REGARD-  
21          ING FACULTY POSITIONS.—Section 738(a)(1) (42 U.S.C.  
22          293b(a)(1)) is amended by striking “\$20,000 of the prin-  
23          cipal and interest of the educational loans of such individ-  
24          uals.” and inserting “\$30,000 of the principal and interest  
25          of the educational loans of such individuals. With respect

1 to such an individual who enters into a new contract under  
2 the preceding sentence with the Secretary after 2009, the  
3 amount paid by the Federal Government pursuant to such  
4 contract shall be increased by the percentage increase in  
5 the gross domestic product since the beginning of the pre-  
6 vious year.”.

7 (b) SCHOLARSHIPS FOR DISADVANTAGED STU-  
8 DENTS.—Section 740(a) (42 U.S.C. 293d(a)) is amended  
9 by striking “\$37,000,000” and all that follows through  
10 “2002” and inserting “\$51,000,000 for fiscal year 2008,  
11 and such sums as may be necessary for each of the fiscal  
12 years 2009 through 2013”.

13 (c) REAUTHORIZATION FOR LOAN REPAYMENTS AND  
14 FELLOWSHIPS REGARDING FACULTY POSITIONS.—Sec-  
15 tion 740(b) (42 U.S.C. 293d(b)) is amended by striking  
16 “appropriated” and all that follows through the period at  
17 the end and inserting “appropriated, \$5,000,000 for each  
18 of the fiscal years 2009 through 2013. For fiscal year  
19 2014 and each subsequent fiscal year, there is authorized  
20 to be appropriated the amount authorized for the pre-  
21 ceding fiscal year increased by the percentage increase in  
22 the gross domestic product during such preceding fiscal  
23 year.”.

24 (d) REAUTHORIZATION FOR EDUCATIONAL ASSIST-  
25 ANCE IN THE HEALTH PROFESSIONS REGARDING INDI-

1 VIDUALS FROM A DISADVANTAGED BACKGROUND.—Sec-  
 2 tion 740(c) of the Public Health Service Act (42 U.S.C.  
 3 293d(c)) is amended by striking the first sentence and in-  
 4 serting the following: “For the purpose of grants and con-  
 5 tracts under section 739(a)(1), there is authorized to be  
 6 appropriated \$60,000,000 for fiscal year 2009 and such  
 7 sums as may be necessary for each of the fiscal years 2010  
 8 through 2013.”

9 **SEC. 6. TRAINING IN FAMILY MEDICINE, GENERAL INTER-**  
 10 **NAL MEDICINE, GENERAL PEDIATRICS, AND**  
 11 **PHYSICIAN ASSISTANTSHIP; COMMUNITY**  
 12 **HEALTH NEEDS ASSESSMENTS; PRIMARY**  
 13 **CARE TRAINING INSTITUTES.**

14 Part C of title VII (42 U.S.C. 293k et seq.) is amend-  
 15 ed by striking section 747 and inserting the following:

16 **“SEC. 747. PRIMARY CARE TRAINING AND ENHANCEMENT.**

17 **“(a) SUPPORT AND DEVELOPMENT OF PRIMARY**  
 18 **CARE TRAINING PROGRAMS.—**

19 **“(1) IN GENERAL.—**The Secretary may make  
 20 grants to, or enter into contracts with, an accredited  
 21 public or nonprofit private hospital, school of medi-  
 22 cine or osteopathic medicine, academically affiliated  
 23 physician assistant training program, or a public or  
 24 private nonprofit entity which the Secretary has de-

1       terminated is capable of carrying out such grant or  
2       contract—

3               “(A) to plan, develop, operate, or partici-  
4       pate in an accredited professional training pro-  
5       gram, including an accredited residency or in-  
6       ternship program in the field of family medi-  
7       cine, general internal medicine, or general pedi-  
8       atrics for medical students, interns, residents,  
9       or practicing physicians as defined by the Sec-  
10      retary;

11              “(B) to provide need-based financial assist-  
12      ance in the form of traineeships and fellowships  
13      to medical students, interns, residents, prac-  
14      ticing physicians, or other medical personnel,  
15      who are participants in any such program, and  
16      who plan to specialize or work in the practice  
17      of family medicine, general internal medicine, or  
18      general pediatrics;

19              “(C) to plan, develop, and operate a pro-  
20      gram for the training of physicians who plan to  
21      teach in family medicine, general internal medi-  
22      cine, or general pediatrics training programs;

23              “(D) to plan, develop, and operate a pro-  
24      gram for the training of physicians teaching in  
25      community-based settings;

1           “(E) to provide financial assistance in the  
2           form of traineeships and fellowships to physi-  
3           cians who are participants in any such pro-  
4           grams and who plan to teach or conduct re-  
5           search in a family medicine, general internal  
6           medicine, or general pediatrics training pro-  
7           gram;

8           “(F) to plan, develop, and operate a physi-  
9           cian assistant education program, and for the  
10          training of individuals who will teach in pro-  
11          grams to provide such training;

12          “(G) to plan, develop, and operate an  
13          interdisciplinary training program that includes  
14          at least 1 of the following which demonstrates  
15          a team approach to care and may demonstrate  
16          a patient-centered medical home model:

17               “(i) A program designed to teach  
18               trainees the skills to provide interdiscipli-  
19               nary patient care through collaboration  
20               among various professionals, including  
21               those trained in geriatrics, physician as-  
22               sistants, nurse practitioners, pharmacists,  
23               or social workers.

24               “(ii) A program developed in collabo-  
25               ration with dental students or residency

1 training programs to improve integration  
2 and access to dental care.

3 “(iii) A program developed in collabo-  
4 ration with psychologists and other behav-  
5 ioral and mental health professionals to in-  
6 tegrate mental and behavioral health and  
7 primary health care; and

8 “(H) to plan, develop and operate joint de-  
9 gree programs to provide interdisciplinary grad-  
10 uate training in public health and other health  
11 professions to provide training in environmental  
12 health, infectious disease control, disease pre-  
13 vention and health promotion, epidemiological  
14 studies and injury control.

15 “(2) DURATION OF AWARDS.—The period dur-  
16 ing which payments are made to an entity from an  
17 award of a grant or contract under this subsection  
18 shall be 5 years.

19 “(b) CAPACITY BUILDING IN PRIMARY CARE.—

20 “(1) IN GENERAL.—The Secretary may make  
21 grants to or enter into contracts with accredited  
22 schools of medicine or osteopathic medicine to estab-  
23 lish, maintain, or improve academic units (which  
24 may be departments, divisions, or other units) or  
25 programs that improve clinical teaching and re-



1 search in family medicine, general internal medicine,  
2 or general pediatrics.

3 “(2) PREFERENCE IN MAKING AWARDS UNDER  
4 THIS SUBSECTION.—In making awards of grants  
5 and contracts under paragraph (1), the Secretary  
6 shall give preference to any qualified applicant for  
7 such an award that agrees to expend the award for  
8 the purpose of—

9 “(A) establishing academic units or pro-  
10 grams in family medicine; or

11 “(B) substantially expanding such units or  
12 programs.

13 “(3) PRIORITY IN MAKING AWARDS.—In mak-  
14 ing awards of grants and contracts under paragraph  
15 (1), the Secretary shall give priority to any qualified  
16 applicant for such an award that proposes—

17 “(A) a collaborative project between aca-  
18 demic administrative units of primary care; and

19 “(B) innovative approaches to clinical  
20 teaching using models of primary care, such as  
21 the patient centered medical home, team man-  
22 agement of chronic disease, and interdiscipli-  
23 nary integrated models of health care that in-  
24 corporate transitions in health care settings and

1 integration physical and mental health provi-  
2 sion.

3 “(4) DURATION OF AWARDS.—The period dur-  
4 ing which payments are made to an entity from an  
5 award of a grant or contract under this subsection  
6 shall be 5 years.

7 “(c) COMMUNITY HEALTH NEEDS ASSESSMENT.—

8 “(1) IN GENERAL.—The Secretary may award  
9 grants or enter into contracts with eligible entities to  
10 conduct community health needs assessments as de-  
11 scribed by this subsection.

12 “(2) ELIGIBLE ENTITY.—For purposes of this  
13 subsection, the term ‘eligible entity’ means an entity  
14 described in section 799(b).

15 “(3) APPLICATION.—To receive a grant under  
16 this section, an eligible entity shall submit to the  
17 Secretary an application at such time, in such man-  
18 ner, and containing such information as the Sec-  
19 retary may require.

20 “(4) CONTENT.—A community health needs as-  
21 sessment shall—

22 “(A) identify community needs for a health  
23 care workforce and collaborative programs and  
24 partnerships to address the needs;

1           “(B) identify barriers to health care in un-  
2           derserved areas, health disparity populations, or  
3           regions experiencing significant changes in the  
4           cultural and linguistic demographics of their  
5           populations, including border communities; and

6           “(C) provide assurance that the entity or  
7           entities conducting such assessment will assess  
8           how to—

9                   “(i) link community organizations and  
10                  academic health centers to address commu-  
11                  nity health workforce training needs;

12                  “(ii) support development of a work-  
13                  force reflective of the cultural, linguistic,  
14                  racial, and ethnic makeup of the popu-  
15                  lation involved;

16                  “(iii) address the barriers identified in  
17                  subparagraph (B), with an emphasis on  
18                  community based participatory research  
19                  which includes local communities and pre-  
20                  pares members of the identified popu-  
21                  lations to participate in improving health  
22                  care in these communities;

23                  “(iv) enhance the development of the  
24                  workforce practicing in primary care;

1 “(v) enhance the development of the  
2 workforce serving underserved areas and  
3 health disparity populations;

4 “(vi) build capacity and develop com-  
5 petency within the health care delivery and  
6 public health systems; and

7 “(vii) be responsive to national and  
8 local health issues impacting the work-  
9 force, such as problems specific to children,  
10 emerging chronic diseases, an aging popu-  
11 lation, infectious diseases, mental health or  
12 substance related disorders, or bioterrorism  
13 by employing such approaches as health  
14 promotion, health literacy, pharmaceutical  
15 case management, interdisciplinary inte-  
16 grated models of health care that include  
17 both physical and mental health, cultural  
18 and linguistic competency, or approaches  
19 that reduce health disparities.

20 “(5) TERM AND AMOUNT OF AWARD.—A grant  
21 awarded under this subsection shall be—

22 “(A) for a term of 2 years; and

23 “(B) in an amount of \$150,000 for each  
24 year of the 2-year term.

25 “(d) PRIMARY CARE TRAINING INSTITUTES.—

1           “(1) PURPOSE.—The purpose of the Primary  
2       Care Training Institute program established under  
3       this subsection is to—

4           “(A) prepare and train primary care pro-  
5       viders by enhancing and coordinating multiple  
6       aims within academic health centers in order to  
7       lead to improving patient care delivered to  
8       health disparity populations and reduce health  
9       disparities;

10          “(B) enhance the status of primary care  
11       within undergraduate and graduate medical  
12       education through influencing priorities in prac-  
13       tice, education, and research;

14          “(C) develop innovative approaches to pri-  
15       mary care education and scholarship by trans-  
16       forming and integrating health care systems  
17       through interdisciplinary, team-based, and col-  
18       laborative models that may demonstrate im-  
19       proved quality or lower costs; and

20          “(D) create economies of scale through  
21       academic and community collaborations by ena-  
22       bling academic infrastructure support for mul-  
23       tiple community programs.

24          “(2) ESTABLISHMENT.—Grants or contracts  
25       awarded under this subsection shall establish new

1 centers for primary care education and research  
2 within academic units of family medicine, general in-  
3 ternal medicine, or general pediatrics within aca-  
4 demic health centers. Such new centers shall be  
5 known as Primary Care Training Institutes (referred  
6 to in this section as ‘PCTIs’).

7 “(3) AUTHORITY TO AWARD GRANTS.—The  
8 Secretary may make grants to or enter into con-  
9 tracts with eligible entities to develop and implement  
10 PCTIs in accordance with this subsection.

11 “(4) ELIGIBLE ENTITY.—For purposes of this  
12 subsection, the term ‘eligible entity’ means a pri-  
13 mary care (including family medicine, general inter-  
14 nal medicine, and general pediatrics) academic ad-  
15 ministrative unit.

16 “(5) APPLICATION; REQUIREMENT FOR NEEDS  
17 ASSESSMENT.—An eligible entity desiring a grant  
18 under this subsection shall submit to the Secretary  
19 an application at such time, in such manner, and  
20 containing—

21 “(A)(i) a community health needs assess-  
22 ment conducted by such eligible entity through  
23 a grant awarded under subsection (c); or

24 “(ii) a community health needs assessment  
25 conducted by such entity through other means

1 and that meets the requirements of subsection  
2 (c); and

3 “(B) such information as the Secretary  
4 may require.

5 “(6) FUNCTIONS.—An eligible entity shall use  
6 amounts awarded under a grant under this sub-  
7 section to carry out the purpose described in para-  
8 graph (1), through—

9 “(A) establishment of a PCTI to improve  
10 primary care training and practice, to improve  
11 recruitment of underrepresented minority stu-  
12 dents into primary care careers, and to improve  
13 the number and percentage of trained profes-  
14 sionals serving in underserved areas and health  
15 disparity populations; and

16 “(B) the establishment of infrastructure to  
17 support the PCTI including development of,  
18 and training in—

19 “(i) curriculum designs;

20 “(ii) education evaluation tools;

21 “(iii) online interactive educational  
22 curricula;

23 “(iv) community-based and population  
24 research study designs;

“(v) applied behavioral science and psychology educational programs;

“(vi) clinical epidemiology;

“(vii) models for teaching caring for older adults;

“(viii) models for health services delivery;

“(ix) public health and preventive medicine; and

“(x) models for teaching cultural competency and health literacy.

“(7) REQUIREMENTS.—

“(A) REQUIRED ACTIVITIES.—Each eligible entity that establishes a PCTI under this subsection shall, through such PCTI—

“(i) collaborate across disciplines including family medicine, general internal medicine, general pediatrics, or with disciplines such as physician assistants and those certified in geriatrics or gerontology, general dentistry, behavioral and mental health, or public health;

“(ii) establish and maintain formal partnerships with area health education centers, Federally qualified health centers,



1 rural health clinics, hospital and nonhos-  
2 pital-based teaching clinics, Geriatric Edu-  
3 cation Centers, Geriatric Research Edu-  
4 cation and Clinical Centers, or other facili-  
5 ties focused on social and health needs of  
6 older adults or other underserved areas,  
7 health disparity populations, and other vul-  
8 nerable populations, such as older adults,  
9 homeless individuals, victims of abuse or  
10 trauma, individuals with mental health or  
11 substance-related disorders, and individ-  
12 uals with HIV/AIDS;

13 “(iii) create new models of teaching  
14 and evaluating patient care based on the  
15 patient centered medical home model,  
16 interdisciplinary integrated models of  
17 health care that incorporate both physical  
18 and mental health, drug therapy manage-  
19 ment, or other new models of effective pa-  
20 tient care utilizing a team or collaborative  
21 approach;

22 “(iv) conduct research and education  
23 that improves or is relevant to community  
24 practice and that is carried out in commu-  
25 nity or primary care settings, and that

1           may address such issues as environmental  
2           health, infectious disease control, disease  
3           prevention, health promotion, and injury  
4           control;

5           “(v) increase the number of trainees  
6           and faculty from underrepresented minor-  
7           ity groups, and from rural disadvantaged  
8           backgrounds; and

9           “(vi) address the changing national,  
10          regional, and local health care needs and  
11          priorities as identified in the community  
12          health needs assessment submitted by such  
13          eligible entity in the application under this  
14          subsection.

15          “(B) VOLUNTARY ACTIVITIES.—Each eligi-  
16          ble entity that establishes a PCTI under this  
17          subsection may, through such PCTI, integrate  
18          programs along the educational continuum, in-  
19          cluding high school and college pipeline pro-  
20          grams, predoctoral education in primary care,  
21          primary care residency training, faculty devel-  
22          opment, fellowship programs, and primary care  
23          research infrastructure programs and inter-  
24          disciplinary joint degree programs in graduate

1 public health training and other health profes-  
2 sions.

3 “(8) TERM AND AMOUNT OF AWARD.—A grant  
4 awarded under this subsection shall be—

5 “(A) for a term of 5 years; and

6 “(B) in an amount of \$750,000 for each  
7 year of the 5-year term.

8 “(e) PRIORITIES IN MAKING AWARDS.—With respect  
9 to the training provided for under this section, the Sec-  
10 retary shall give priority in awarding grants or contracts  
11 to the following:

12 “(1) Qualified applicants that have a record of  
13 training individuals who are from underrepresented  
14 minority groups or from a rural or disadvantaged  
15 background.

16 “(2) Qualified applicants that establish formal  
17 relationships with Federally qualified health centers,  
18 rural health centers, or accredited teaching facilities  
19 located in underserved areas or serve health dis-  
20 parity populations, and that conduct training of stu-  
21 dents, residents, fellows, or faculty at the center or  
22 facility.

23 “(3) Qualified applicants that conduct teaching  
24 programs targeting vulnerable populations such as  
25 older adults, homeless individuals, victims of abuse

1 or trauma, individuals with mental health or sub-  
2 stance-related disorders, and individuals with HIV/  
3 AIDS.

4 “(4) Qualified applicants that include edu-  
5 cational activities in care of older adults.

6 “(5) Qualified applicants that conduct teaching  
7 programs in an interdisciplinary setting dem-  
8 onstrating a team or collaborative approach to care.

9 “(6) Qualified applicants that include edu-  
10 cational activities in cultural competency and health  
11 literacy.

12 “(f) PREFERENCE IN MAKING AWARDS UNDER THIS  
13 SECTION.—In making awards of grants or contracts  
14 under this section, the Secretary shall give preference to  
15 any qualified applicant that—

16 “(1) has a high rate for placing graduates in  
17 practice settings having the principle focus of serv-  
18 ing underserved areas or health disparity popu-  
19 lations;

20 “(2) during the 2-year period preceding the fis-  
21 cal year for which such an award is sought, has  
22 achieved a significant increase in the rate of placing  
23 graduates in such settings; or

24 “(3) have a record of training the greatest per-  
25 centage of providers, or that have demonstrated sig-

1       nificant improvements in the percentage of pro-  
2       viders, who enter and remain in primary care prac-  
3       tice.

4       “(g) APPLICATION.—An eligible entity desiring a  
5       grant under this section shall submit to the Secretary an  
6       application at such time, in such manner, and containing  
7       such information as the Secretary may require.

8       “(h) DUTIES OF SECRETARY.—The Secretary shall,  
9       in carrying out this section and section 748—

10           “(1) require collaboration—

11                   “(A) among the pertinent workforce pro-  
12                   grams within this title and the Department of  
13                   Health and Human Services; and

14                   “(B) among such pertinent programs ad-  
15                   ministered by the Department of Labor and the  
16                   Department of Education;

17           “(2) use and adequately support existing pro-  
18           grams to address new Departmental initiatives, as  
19           appropriate;

20           “(3) take into consideration capabilities of ex-  
21           isting programs before creating separate or parallel  
22           programs; and

23           “(4) evaluate and publicly report on the effec-  
24           tiveness of such programs on an annual basis.

1       “(i) RURAL BACKGROUND DEFINED.—For purposes  
 2 of this section, the term ‘rural background’ means, with  
 3 respect to an individual, having grown up, lived a substan-  
 4 tial portion of such individual’s life, or attended high  
 5 school in a federally designated rural or nonmetropolitan  
 6 area.

7       “(j) AUTHORIZATION OF APPROPRIATIONS.—

8               “(1) TRAINING PROGRAMS.—There is author-  
 9 ized to be appropriated to carry out subsections (a)  
 10 and (b), \$125,000,000 for each of the fiscal years  
 11 2009 through 2014, of which 15 percent of the  
 12 amount appropriated in each such fiscal year shall  
 13 be allocated to physician assistant training programs  
 14 as described under subsection (a)(1)(F), which pre-  
 15 pare students for practice in primary care settings.

16               “(2) COMMUNITY HEALTH NEEDS ASSESS-  
 17 MENTS.—There is authorized to be appropriated to  
 18 carry out subsection (c)—

19                       “(A) \$1,800,000 for fiscal year 2009; and

20                       “(B) \$3,600,000 for each of the fiscal  
 21 years 2010 through 2013.

22               “(3) PRIMARY CARE TRAINING INSTITUTES.—  
 23 There is authorized to be appropriated to carry out  
 24 subsection (d)—

25                       “(A) \$6,000,000 for fiscal year 2009;

1 “(B) \$12,000,000 for fiscal year 2010;

2 “(C) \$18,000,000 for fiscal year 2011;

3 “(D) \$24,000,000 for fiscal year 2012;

4 and

5 “(E) \$30,000,000 for fiscal year 2013.

6 “(4) CARRYOVER FUNDS.—An entity that re-  
 7 ceives an award under this section may carry over  
 8 funds from 1 fiscal year to another without obtain-  
 9 ing approval from the Secretary. In no case may any  
 10 funds be carried over pursuant to the preceding sen-  
 11 tence for more than 3 years, and in the case of a  
 12 community health needs assessment under sub-  
 13 section (c), for more than 1 year.”.

14 **SEC. 7. TRAINING IN GENERAL AND PEDIATRIC DEN-**  
 15 **TISTRY; LOAN REPAYMENTS.**

16 (a) TRAINING IN GENERAL AND PEDIATRIC DEN-  
 17 TISTRY.—Part C of Title VII (42 U.S.C. 293k et seq.)  
 18 is amended by—

19 (1) redesignating section 748 as section 749;

20 and

21 (2) inserting after section 747 the following:

22 **“SEC. 748. TRAINING IN GENERAL AND PEDIATRIC DEN-**  
 23 **TISTRY.**

24 “(a) SUPPORT AND DEVELOPMENT OF DENTAL  
 25 TRAINING PROGRAMS.—

1           “(1) IN GENERAL.—The Secretary may make  
2           grants to, or enter into contracts with, a school of  
3           dentistry, public or nonprofit private hospital, or a  
4           public or private nonprofit entity which the Sec-  
5           retary has determined is capable of carrying out  
6           such grant or contract—

7                   “(A) to plan, develop, and operate, or par-  
8                   ticipate in, an approved professional training  
9                   program in the field of general dentistry, or pe-  
10                  diatric dentistry for dental students, residents,  
11                  or practicing dentists, that emphasizes training  
12                  for general dentistry or pediatric dentistry;

13                   “(B) to provide financial assistance to den-  
14                  tal students, residents, and practicing dentists  
15                  who are in need thereof, who are participants in  
16                  any such program, and who plan to work in the  
17                  practice of general or pediatric dentistry;

18                   “(C) to plan, develop, and operate a pro-  
19                  gram for the training of dentists who plan to  
20                  teach in general or pediatric dentistry; and

21                   “(D) to provide financial assistance in the  
22                  form of traineeships and fellowships to dentists  
23                  who plan to teach or are teaching in general or  
24                  pediatric dentistry.



1           “(2) ELIGIBLE ENTITY.—For purposes of this  
2 subsection, entities eligible for such grants or con-  
3 tracts in general or pediatric dentistry shall include  
4 entities that have programs in dental schools, or ap-  
5 proved residency or advanced education programs in  
6 the practice of general or pediatric dentistry.

7           “(b) ACADEMIC ADMINISTRATIVE UNITS.—

8           “(1) IN GENERAL.—The Secretary may make  
9 grants to or enter into contracts with schools of den-  
10 tistry to meet the costs of projects to establish,  
11 maintain, or improve academic administrative units  
12 (which may be departments, divisions, or other  
13 units) to provide clinical instruction in general or pe-  
14 diatric dentistry.

15           “(2) PRIORITY IN MAKING AWARDS.—In mak-  
16 ing awards of grants and contracts under paragraph  
17 (1), the Secretary shall give priority to any qualified  
18 applicant for such an award that proposes a collabo-  
19 rative project between departments of primary care  
20 medicine and departments of general and pediatric  
21 dentistry.

22           “(3) PREFERENCE IN MAKING AWARDS.—In  
23 making awards of grants and contracts under para-  
24 graph (1), the Secretary shall give preference to any

1 qualified applicant for such an award that agrees to  
2 expend the award for the purpose of—

3 “(A) establishing an academic administra-  
4 tive unit for programs in general or pediatric  
5 dentistry; and

6 “(B) substantially expanding the programs  
7 of such a unit.

8 “(c) PRIORITIES IN MAKING AWARDS UNDER THIS  
9 SECTION.—With respect to training provided for under  
10 this section, the Secretary shall give priority in awarding  
11 grants or contracts to the following:

12 “(1) Qualified applicants that have a record of  
13 training the greatest percentage of providers, or that  
14 have demonstrated significant improvements in the  
15 percentage of providers, who enter and remain in  
16 general or pediatric dentistry.

17 “(2) Qualified applicants that have a record of  
18 training individuals who are from a rural or dis-  
19 advantaged background, or from underrepresented  
20 minorities.

21 “(3) Qualified applicants that establish formal  
22 relationships with Federally qualified health centers,  
23 rural health centers, or accredited teaching facilities  
24 and that conduct training of students, residents, fel-  
25 lows, or faculty at the center or facility.

1           “(4) Qualified applicants that conduct teaching  
2           programs targeting vulnerable populations such as  
3           older adults, homeless individuals, victims of abuse  
4           or trauma, individuals with mental health or sub-  
5           stance-related disorders, and individuals with HIV/  
6           AIDS.

7           “(5) Qualified applicants that include edu-  
8           cational activities in cultural competency and health  
9           literacy.

10          “(d) PREFERENCE IN MAKING AWARDS.—In making  
11       awards of grants or contracts under this section, the Sec-  
12       retary shall give preference to any qualified applicant  
13       that—

14               “(1) has a high rate for placing graduates in  
15       practice settings having the principal focus of serv-  
16       ing in underserved areas or health disparity popu-  
17       lations; or

18               “(2) during the 2-year period before the fiscal  
19       year for which such an award is sought, has  
20       achieved a significant increase in the rate of placing  
21       graduates in such settings.

22          “(e) APPLICATION.—An eligible entity desiring a  
23       grant under this section shall submit to the Secretary an  
24       application at such time, in such manner, and containing  
25       such information as the Secretary may require.

1       “(f) DURATION OF AWARD.—The period during  
 2 which payments are made to an entity from an award of  
 3 a grant or contract under subsection (a) shall be 5 years.  
 4 The provision of such payments shall be subject to annual  
 5 approval by the Secretary of the payments and subject to  
 6 the availability of appropriations for the fiscal year in-  
 7 volved to make the payments.

8       “(g) FUNDING.—For the purpose of carrying out  
 9 subsections (a) and (b), there is authorized to be appro-  
 10 priated \$20,000,000 for each of the fiscal years 2009  
 11 through 2013.

12       “(h) CARRYOVER FUNDS.—An entity that receives an  
 13 award under this section may carry over funds from 1 fis-  
 14 cal year to another without obtaining approval from the  
 15 Secretary. In no case may any funds be carried over pur-  
 16 suant to the preceding sentence for more than 3 years.”.

17       (b) LOAN REPAYMENTS FOR DENTAL PROFES-  
 18 SIONALS.—

19               (1) IN GENERAL.—Section 738(a) (42 U.S.C.  
 20 293b(a)) is amended by inserting at the end the fol-  
 21 lowing:

22               “(7) PRIORITY FOR DENTAL PROFESSIONALS.—  
 23 In entering into contracts under this subsection, the  
 24 Secretary shall give priority to individuals who—

1           “(A) are teaching or doing research in an  
2           academic dental setting in general or pediatric  
3           dentistry;

4           “(B) have a degree in dentistry;

5           “(C) are enrolled in an approved graduate  
6           training program in dentistry; or

7           “(D) are enrolled as full-time students—

8                 “(i) in an accredited (as determined  
9                 by the Secretary) school of dentistry; and

10                “(ii) in the final year of a course of  
11                a study or program, offered by such insti-  
12                tution and approved by the Secretary, lead-  
13                ing to a degree from such a school.”.

14           (2) AUTHORIZATION OF APPROPRIATIONS.—  
15           Section 740(b) (42 U.S.C. 293d(b)) is amended by  
16           adding at the end the following: “In addition to any  
17           amounts authorized under this subsection, there is  
18           authorized to be appropriated to enter into contracts  
19           under section 738(a) with individuals described in  
20           section 738(a)(7), \$500,000 for fiscal year 2009,  
21           \$1,000,000 for fiscal year 2010, \$1,500,000 for fis-  
22           cal year 2011, and \$2,000,000 for each of the fiscal  
23           years 2012 and 2013.”.

1 **SEC. 8. INTERDISCIPLINARY, COMMUNITY-BASED LINK-**  
2 **AGES.**

3 (a) AREA HEALTH EDUCATION CENTERS.—Section  
4 751 (42 U.S.C. 294a) is amended to read as follows:

5 **“SEC. 751. AREA HEALTH EDUCATION CENTERS.**

6 **“(a) DEFINITIONS; ESTABLISHMENT OF AWARDS.—**

7 **“(1) DEFINITIONS.—In this section:**

8 **“(A) AREA HEALTH EDUCATION CEN-**  
9 **TER.—**The terms ‘area health education center’  
10 or ‘center’ mean a public or nonprofit private  
11 organization that has a cooperative agreement  
12 or contract in effect with an entity that has re-  
13 ceived an award under subsection (b) or (c),  
14 satisfies the requirements in subsection (d)(1),  
15 and has as one of its principal functions the op-  
16 eration of an area health education center. Ap-  
17 propriate organizations may include hospitals,  
18 health organizations with accredited primary  
19 care training programs, accredited physician as-  
20 sistant educational programs associated with a  
21 college or university, and universities or colleges  
22 not operating a school of medicine or osteo-  
23 pathic medicine.

24 **“(B) AREA HEALTH EDUCATION CENTER**  
25 **PROGRAM.—**The terms ‘area health education  
26 center program’ or ‘program’ mean cooperative

1 program consisting of an entity that has re-  
2 ceived an award under subsection (b) or (c) for  
3 the purpose of planning, developing, operating,  
4 and evaluating an area health education center  
5 program and one or more area health education  
6 centers, which carries out the required activities  
7 described in subsection (b)(4) or (c)(4), satisfies  
8 the program requirements in this section, and  
9 has as one of its principal functions identifying  
10 and implementing strategies and activities that  
11 address health care workforce needs in its serv-  
12 ice area.

13 “(C) RURAL BACKGROUND.—For purposes  
14 of this section, the term ‘rural background’  
15 means, with respect to an individual, having  
16 grown up, lived a substantial portion of such in-  
17 dividual’s life, or attended high school in a fed-  
18 erally designated rural or nonmetropolitan area.

19 “(2) ESTABLISHMENT.—The Secretary shall  
20 make awards in accordance with this section.

21 “(b) INFRASTRUCTURE DEVELOPMENT AWARD.—

22 “(1) IN GENERAL.—The Secretary shall make  
23 awards to eligible entities to enable such entities to  
24 initiate health care workforce educational programs  
25 or to continue to carry out comparable programs

1       that are operating at the time the award is made by  
2       planning, developing, operating, and evaluating of an  
3       area health education center program.

4           “(2) ELIGIBLE ENTITY.—For purposes of this  
5       subsection, an ‘eligible entity’ means a school of  
6       medicine or osteopathic medicine, an incorporated  
7       consortium of such schools, or the parent institu-  
8       tions of such a school. With respect to a State in  
9       which no area health education center program is in  
10      operation, the Secretary may award a grant or con-  
11      tract under paragraph (1) to a school of nursing.

12          “(3) APPLICATION.—An eligible entity desiring  
13      to receive an award under this subsection shall sub-  
14      mit to the Secretary an application at such time, in  
15      such manner, and containing such information as  
16      the Secretary may require.

17          “(4) USE OF FUNDS.—

18           “(A) REQUIRED ACTIVITIES.—An eligible  
19      entity shall use amounts awarded under a grant  
20      under paragraph (1) to carry out the following  
21      activities:

22           “(i) Develop and implement strategies  
23      to recruit individuals from underrep-  
24      resented minority populations or from dis-  
25      advantaged or rural backgrounds into



1 health professions, and support such indi-  
2 viduals in attaining such careers.

3 “(ii) Develop and implement strate-  
4 gies to foster and provide community-based  
5 training and education to individuals seek-  
6 ing careers in health professions within un-  
7 derserved areas for the purpose of devel-  
8 oping and maintaining a diverse health  
9 care workforce that is prepared to deliver  
10 high-quality care, with an emphasis on pri-  
11 mary care, in underserved areas or for  
12 health disparity populations, in collabora-  
13 tion with other Federal and State health  
14 care workforce development programs, and  
15 in health care safety net sites.

16 “(iii) Prepare individuals to more ef-  
17 fectively provide health services to under-  
18 served areas and health disparity popu-  
19 lations through field placements or precep-  
20 torships in conjunction with community-  
21 based organizations, accredited primary  
22 care residency training programs, Feder-  
23 ally qualified health centers, rural health  
24 clinics, public health departments, or other  
25 appropriate facilities.

1 “(iv) Conduct and participate in inter-  
2 disciplinary training that involves physi-  
3 cians, physician assistants, nurse practi-  
4 tioners, nurse midwives, dentists, psycholo-  
5 gists, pharmacists, public health, or other  
6 health professionals, as practicable.

7 “(v) Deliver or facilitate continuing  
8 education and information dissemination  
9 programs for health care professionals,  
10 with an emphasis on individuals providing  
11 care in underserved areas and for health  
12 disparity populations.

13 “(vi) Propose and implement effective  
14 program and outcomes measurement and  
15 evaluation strategies.

16 “(B) INNOVATIVE OPPORTUNITIES.—An  
17 eligible entity may use amounts awarded under  
18 a grant under paragraph (1) to carry out any  
19 of the following activities:

20 “(i) Develop and implement innovative  
21 curricula in collaboration with community-  
22 based accredited primary care residency  
23 training programs, Federally qualified  
24 health centers, rural health clinics, behav-  
25 ioral and mental health facilities, public

1 health departments, or other appropriate  
2 facilities, with the goal of increasing the  
3 number of primary care physicians and  
4 other primary care providers prepared to  
5 serve in underserved areas and health dis-  
6 parity populations.

7 “(ii) Coordinate community-based  
8 participatory research with academic  
9 health centers, and facilitate rapid flow  
10 and dissemination of evidence-based health  
11 care information, research results, and best  
12 practices to improve quality, efficiency, and  
13 effectiveness of health care and health care  
14 systems within community settings.

15 “(iii) Develop and implement other  
16 strategies to address identified workforce  
17 needs and increase and enhance the health  
18 care workforce in the area served by the  
19 area health education center program.

20 “(c) POINT OF SERVICE MAINTENANCE AND EN-  
21 HANCEMENT AWARD.—

22 “(1) IN GENERAL.—The Secretary shall make  
23 awards to eligible entities to maintain and improve  
24 the effectiveness and capabilities of an existing area  
25 health education center program, and make other

1 modifications to the program that are appropriate  
2 due to changes in demographics, needs of the popu-  
3 lations served, or other similar issues affecting the  
4 program.

5 “(2) ELIGIBLE ENTITY.—For purposes of this  
6 subsection, the term ‘eligible entity’ means an entity  
7 that has received funds under this section (as this  
8 section was in effect on the day before the date of  
9 enactment of the Health Professions and Primary  
10 Care Reinvestment Act), is operating an area health  
11 education center program, including area health edu-  
12 cation centers, and has a center or centers that are  
13 no longer eligible to receive financial assistance  
14 under subsection (b).

15 “(3) APPLICATION.—An eligible entity desiring  
16 to receive an award under this subsection shall sub-  
17 mit to the Secretary an application at such time, in  
18 such manner, and containing such information as  
19 the Secretary may require.

20 “(4) USE OF FUNDS.—

21 “(A) REQUIRED ACTIVITIES.—An eligible  
22 entity shall use amounts awarded under a grant  
23 under paragraph (1) to carry out the following  
24 activities:

1           “(i) Develop and implement strategies  
2           to recruit individuals from underrep-  
3           resented minority groups, underserved  
4           areas, or with rural backgrounds into  
5           health care careers, and support such indi-  
6           viduals in attaining such careers.

7           “(ii) Develop and implement strate-  
8           gies to foster and provide community-based  
9           training and education to individuals seek-  
10          ing careers in health professions within un-  
11          derserved areas for the purpose of devel-  
12          oping and maintaining a diverse health  
13          care workforce that is prepared to deliver  
14          high-quality care, with an emphasis on pri-  
15          mary care, in underserved areas and to  
16          health disparity populations, in collabora-  
17          tion with other Federal and State health  
18          care workforce development programs, and  
19          in health care safety net sites.

20          “(iii) Prepare individuals to more ef-  
21          fectively provide health services to under-  
22          served areas or health disparity popu-  
23          lations through field placements or precep-  
24          torships in conjunction with community-  
25          based organizations, accredited primary

1 care residency training programs, Feder-  
2 ally qualified health centers, rural health  
3 clinics, behavioral and mental health facili-  
4 ties, public health departments, or other  
5 appropriate facilities.

6 “(iv) Conduct and participate in inter-  
7 disciplinary training that involves physi-  
8 cians, physician assistants, nurse practi-  
9 tioners, nurse midwives, dentists, psycholo-  
10 gists, pharmacists, public health, or other  
11 health professionals, as practicable.

12 “(v) Deliver or facilitate continuing  
13 education and information dissemination  
14 programs for health care professionals,  
15 with an emphasis on individuals providing  
16 care in underserved areas and for health  
17 disparity populations.

18 “(vi) Propose and implement effective  
19 program and outcomes measurement and  
20 evaluation strategies.

21 “(B) INNOVATIVE OPPORTUNITIES.—An  
22 eligible entity shall use amounts awarded under  
23 a grant under paragraph (1) to carry out at  
24 least 1 of the following activities:

1           “(i) Develop innovative curricula in  
2           collaboration with community-based ac-  
3           credited primary care residency training  
4           programs, Federally qualified health cen-  
5           ters, rural health clinics, behavioral and  
6           mental health facilities, public health de-  
7           partments, or other appropriate facilities,  
8           with the goal of increasing the number of  
9           primary care physicians and other primary  
10          care providers prepared to serve in under-  
11          served areas and health disparity popu-  
12          lations.

13          “(ii) Coordinate community-based  
14          participatory research with academic  
15          health centers, and facilitate rapid flow  
16          and dissemination of evidence-based health  
17          care information, research results, and best  
18          practices to improve quality, efficiency, and  
19          effectiveness of health care and health care  
20          systems within community settings.

21          “(iii) Develop and implement other  
22          strategies to address identified workforce  
23          needs and increase and enhance the health  
24          care workforce in the area served by the  
25          area health education center program.

1 “(d) REQUIREMENTS.—

2 “(1) AREA HEALTH EDUCATION CENTER PRO-  
3 GRAM.—In carrying out this section, the Secretary  
4 shall ensure the following:

5 “(A) An entity that receives an award  
6 under this section shall conduct at least 10 per-  
7 cent of clinical education required for medical  
8 students in community settings that are re-  
9 moved from the primary teaching facility of the  
10 contracting institution for grantees that operate  
11 a school of medicine or osteopathic medicine. In  
12 States in which an entity that receives an  
13 award under this section is a nursing school or  
14 its parent institution, the Secretary shall alter-  
15 natively ensure that—

16 “(i) the nursing school places at least  
17 10 percent of its students in training sites  
18 affiliated with an area health education  
19 center that is remote from the primary  
20 teaching facility of the school; and

21 “(ii) the entity receiving the award  
22 maintains a written agreement with a  
23 school of medicine or osteopathic medicine  
24 to place students from that school in train-



1           ing sites in the area health education cen-  
2           ter program area.

3           “(B) An entity receiving funds under sub-  
4           section (c) does not distribute such funding to  
5           a center that is eligible to receive funding under  
6           subsection (b).

7           “(2) AREA HEALTH EDUCATION CENTER.—The  
8           Secretary shall ensure that each area health edu-  
9           cation center program includes at least 1 area health  
10          education center, and that each such center—

11           “(A) is a public or private organization  
12           whose structure, governance, and operation is  
13           independent from the awardee and the parent  
14           institution of the awardee;

15           “(B) is not a school of medicine or osteo-  
16           pathic medicine, the parent institution of such  
17           a school, or a branch campus or other subunit  
18           of a school of medicine or osteopathic medicine  
19           or its parent institution, or a consortium of  
20           such entities;

21           “(C) designates an underserved area or  
22           population to be served by the center which is  
23           in a location removed from the main location of  
24           the teaching facilities of the schools partici-  
25           pating in the program with such center and

1 does not duplicate, in whole or in part, the geo-  
2 graphic area or population served by any other  
3 center;

4 “(D) fosters networking and collaboration  
5 among communities and between academic  
6 health centers and community-based centers;

7 “(E) serves communities with a dem-  
8 onstrated need of health professionals in part-  
9 nership with academic medical centers;

10 “(F) addresses the health care workforce  
11 needs of the communities served;

12 “(G) has a community-based governing or  
13 advisory board that reflects the diversity of the  
14 communities involved;

15 “(H) addresses changes in local community  
16 health and demographics identified in—

17 “(i) a community health needs assess-  
18 ment that was conducted by the area  
19 health education center through a grant  
20 awarded under section 748(a); or

21 “(ii) a community health needs as-  
22 sessment that was conducted by such cen-  
23 ter through other means and that meets  
24 the requirements of section 748(a); and

1           “(I) evaluates and reports to the Sec-  
2           retary, in collaboration with the area health  
3           education center program of which the center is  
4           a part, concerning the effectiveness of the cen-  
5           ter on an annual basis.

6           “(e) DUTIES OF THE SECRETARY.—In carrying out  
7           this section, the Secretary shall—

8           “(1) require collaboration—

9           “(A) among the pertinent workforce pro-  
10          grams under this title and the Department of  
11          Health and Human Services; and

12          “(B) among such pertinent programs ad-  
13          ministered by the Department of Labor and the  
14          Department of Education;

15          “(2) use and adequately support existing pro-  
16          grams to address new initiatives of the Department  
17          of Health and Human Services, as appropriate;

18          “(3) take into consideration capabilities of ex-  
19          isting programs prior to establishing separate or  
20          parallel programs; and

21          “(4) evaluate and publicly report on the effec-  
22          tiveness of such programs on an annual basis.

23          “(f) MATCHING FUNDS.—With respect to the costs  
24          of operating a program through a grant under this section,  
25          to be eligible for financial assistance under this section,

1 an entity shall make available (directly or through con-  
2 tributions from State, county or municipal governments,  
3 or the private sector) recurring non-Federal contributions  
4 in cash or in kind, toward such costs in an amount that  
5 is equal to not less than 50 percent of such costs. At least  
6 25 percent of the total required non-Federal contributions  
7 shall be in cash. An entity may apply to the Secretary  
8 for a waiver of not more than 75 percent of the matching  
9 fund amount required by the entity for each of the first  
10 3 years the entity is funded through a grant under sub-  
11 section (b).

12 “(g) LIMITATION.—Not less than 75 percent of the  
13 total amount provided to an area health education center  
14 program under subsection (b) or (c) shall be allocated to  
15 the area health education centers participating in the pro-  
16 gram under this section. To provide needed flexibility to  
17 newly funded area health education center programs, the  
18 Secretary may waive the requirement in the sentence for  
19 the first 2 years of a new area health education center  
20 program funded under subsection (b).

21 “(h) AWARD.—An award to an entity under this sec-  
22 tion shall be not less than \$250,000 annually per area  
23 health education center included in the program involved.  
24 If amounts appropriated to carry out this section are not  
25 sufficient to comply with the preceding sentence, the Sec-

1   retary may reduce the per center amount provided for in  
2   such sentence as necessary, provided the distribution es-  
3   tablished in subsection (l)(2) is maintained.

4       “(i) PROJECT TERMS.—

5           “(1) IN GENERAL.—Except as provided in para-  
6       graph (2), the period during which payments may be  
7       made under an award under subsection (b) may not  
8       exceed—

9           “(A) in the case of a program, 12 years;  
10       or

11           “(B) in the case of a center within a pro-  
12       gram, 6 years.

13       “(2) EXCEPTION.—The periods described in  
14       paragraph (1) shall not apply to programs receiving  
15       point of service maintenance and enhancement  
16       awards under subsection (c) to maintain existing  
17       centers and activities.

18       “(j) INAPPLICABILITY OF PROVISION.—Notwith-  
19       standing any other provision of this title, section 791(a)  
20       shall not apply to an area health education center funded  
21       under this section.

22       “(k) AUTHORIZATION OF APPROPRIATIONS.—

23           “(1) IN GENERAL.—There is authorized to be  
24       appropriated to carry out this section \$125,000,000  
25       for each of the fiscal years 2009 through 2013.

1           “(2) REQUIREMENTS.—Of the amounts appro-  
2           priated for a fiscal year under subparagraph (A)—

3                   “(A) not more than 35 percent shall be  
4           used for awards under subsection (b);

5                   “(B) not less than 60 percent shall be used  
6           for awards under subsection (c);

7                   “(C) not more than 1 percent shall be used  
8           for grants and contracts to implement outcomes  
9           evaluation for the area health education cen-  
10          ters; and

11                   “(D) not more than 4 percent shall be  
12          used for grants and contracts to provide tech-  
13          nical assistance to entities receiving awards  
14          under this section.

15           “(3) CARRYOVER FUNDS.—An entity that re-  
16          ceives an award under this section may carry over  
17          funds from 1 fiscal year to another without obtain-  
18          ing approval from the Secretary. In no case may any  
19          funds be carried over pursuant to the preceding sen-  
20          tence for more than 3 years.

21          “(l) SENSE OF CONGRESS.—It is the sense of the  
22          Congress that every State have an area health education  
23          center program in effect under this section.”.

24          (b) CONTINUING EDUCATIONAL SUPPORT FOR  
25          HEALTH PROFESSIONALS SERVING IN UNDERSERVED

1 COMMUNITIES.—Part D of title VII (42 U.S.C. 294 et  
2 seq.) is amended by striking section 752 and inserting the  
3 following:

4 **“SEC. 752. CONTINUING EDUCATIONAL SUPPORT FOR**  
5 **HEALTH PROFESSIONALS SERVING IN UN-**  
6 **DESERVED COMMUNITIES.**

7 “(a) IN GENERAL.—The Secretary shall make grants  
8 to, and enter into contracts with, eligible entities to im-  
9 prove health care, increase retention, increase representa-  
10 tion of minority faculty members, enhance the practice en-  
11 vironment, and provide information dissemination and  
12 educational support to reduce professional isolation  
13 through the timely dissemination of research findings  
14 using relevant resources.

15 “(b) ELIGIBLE ENTITIES.—For purposes of this sec-  
16 tion, the term ‘eligible entity’ means an entity described  
17 in section 799(b).

18 “(c) APPLICATION.—An eligible entity desiring to re-  
19 ceive an award under this section shall submit to the Sec-  
20 retary an application at such time, in such manner, and  
21 containing such information as the Secretary may require.

22 “(d) USE OF FUNDS.—An eligible entity shall use  
23 amounts awarded under a grant or contract under this  
24 section to provide innovative supportive activities to en-  
25 hance education through distance learning, continuing

1 educational activities, collaborative conferences, and elec-  
2 tronic and telelearning activities, with preference for pri-  
3 mary care, including physician assistants, general and pe-  
4 diatric dental providers, psychologists, and other mental  
5 health providers, and physicians teaching in federally des-  
6 ignated underserved areas.

7 “(e) AUTHORIZATION.—There is authorized to be ap-  
8 propriated to carry out this section \$5,000,000 for each  
9 of the fiscal years 2009 through 2014, and such sums as  
10 may be necessary for each subsequent fiscal year.”.

11 **SEC. 9. GERIATRICS EDUCATION AND TRAINING.**

12 (a) GERIATRIC EDUCATION CENTERS.—Section  
13 753(a) (42 U.S.C. 294c(a)) is amended—

14 (1) in paragraph (1), by striking “in para-  
15 graphs (1), (3), or (4) of section 799B, and section  
16 801(2),” and inserting “in paragraph (1), (3), or (4)  
17 of section 799B and section 801(2), health para-  
18 professional programs, community health worker  
19 programs, and programs for informal caregivers,”;

20 (2) in paragraph (2)—

21 (A) in subparagraph (A), by inserting “al-  
22 lied health professionals, community health  
23 workers, and informal caregivers” after “health  
24 professionals”;



1 (B) in subparagraph (D), by inserting “al-  
2 lied health professionals, community health  
3 workers, and informal caregivers” after “health  
4 professionals”; and

5 (C) in subparagraph (E), by striking “and  
6 senior centers” and inserting “or senior cen-  
7 ters”; and

8 (3) by adding at the end the following:

9 “(3) TERM OF GRANT.—The term of any award  
10 made under this subsection shall not exceed 5 years.

11 “(4) DATA COLLECTIONS AND REPORTING.—

12 “(A) SUBMISSION TO CENTER.—Each enti-  
13 ty that receives an award under this subsection  
14 shall submit to the National Health Workforce  
15 Analysis Center established under section 761,  
16 standardized and specific workforce data, as de-  
17 termined by the Secretary and in a form and  
18 manner specified by the Secretary.

19 “(B) ANNUAL REPORT TO CONGRESS.—  
20 Such National Health Workforce Analysis Cen-  
21 ter shall, on an annual basis, submit to Con-  
22 gress and the Secretary a report the describes  
23 the information received by such Center under  
24 subparagraph (A) during the previous year.”.

1 (b) GERIATRIC TRAINING REGARDING PHYSICIANS,  
2 DENTISTS, AND THE HEALTH PROFESSIONS.—Section  
3 753(b) (42 U.S.C. 294c(b)) is amended—

4 (1) in the subsection heading, by striking  
5 “PHYSICIANS AND DENTISTS” and inserting “PHY-  
6 SICIANS, DENTISTS, AND THE HEALTH PROFES-  
7 SIONS”; and

8 (2) by striking paragraph (1) and inserting the  
9 following:

10 “(1) IN GENERAL.—The Secretary may make  
11 grants to, and enter into contracts with, schools of  
12 medicine, schools of osteopathic medicine, academic  
13 dental institutions, teaching hospitals, physician as-  
14 sistant education programs, graduate medical or  
15 dental education programs, and graduate programs  
16 in behavioral or mental health, for the purpose of  
17 providing support (including internships, residencies,  
18 traineeships, and fellowships) for geriatric training  
19 projects to train physicians, physician assistants,  
20 dentists, and behavioral and mental health profes-  
21 sionals who plan to teach geriatric medicine, geri-  
22 atric behavioral or mental health, or geriatric den-  
23 tistry.”.

24 (c) GERIATRIC ACADEMIC CAREER AWARDS.—Sec-  
25 tion 753(c) (42 U.S.C. 294c(c)) is amended by striking

1 paragraph (1) through paragraph (3) and inserting the  
2 following:

3 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-  
4 retary shall establish a program to provide Geriatric  
5 Academic Career Awards to eligible entities to pro-  
6 mote the career development of individuals as aca-  
7 demic geriatricians or gerontologists.

8 “(2) ELIGIBLE ENTITY.—

9 “(A) IN GENERAL.—For purposes of this  
10 section, the term ‘eligible entity’ means an enti-  
11 ty described in section 799(b).

12 “(B) AWARDS TO INDIVIDUALS FROM ELI-  
13 GIBLE ENTITIES.—An eligible entity shall pro-  
14 vide funding to an individual through a grant  
15 received under this section only if such indi-  
16 vidual—

17 “(i) is board certified or board eligible  
18 in internal medicine, family medicine, or  
19 psychiatry, or is a certified and licensed  
20 nurse, pharmacist, psychologist, social  
21 worker, or physician assistant, employed by  
22 an approved school;

23 “(ii) has completed an approved in-  
24 ternship or fellowship program in geri-  
25 atrics; and

1 “(iii) has a junior or midlevel faculty  
2 appointment at an accredited (as deter-  
3 mined by the Secretary) school of medicine  
4 or osteopathic medicine, physician assist-  
5 ant education program, or graduate pro-  
6 gram in behavioral or mental health.

7 “(3) LIMITATIONS.—No Award under para-  
8 graph (1) may be made to an eligible entity unless  
9 the entity—

10 “(A) has submitted to the Secretary an ap-  
11 plication, at such time, in such manner, and  
12 containing such information as the Secretary  
13 may require, and the Secretary has approved  
14 such application; and

15 “(B) provides, in such form and manner as  
16 the Secretary may require, assurances that the  
17 entity will provide funding only to individuals  
18 associated with such entity that will meet the  
19 service requirement described in paragraph  
20 (5).”.

21 (d) AUTHORIZATION OF APPROPRIATIONS.—Section  
22 753 is (42 U.S.C. 294c) is amended by adding at the end  
23 the following:

24 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
25 is authorized to be appropriated to carry out this section

1 \$50,000,000 for each of the fiscal years 2009 through  
2 2013.”.

3 (e) OTHER PROVISIONS.—

4 (1) RURAL INTERDISCIPLINARY TRAINING.—  
5 Title VII (42 U.S.C. 292 et seq.) is amended by  
6 striking section 754.

7 (2) ALLIED HEALTH AND OTHER DIS-  
8 CIPLINES.—Section 755 (42 U.S.C. 294e) is amend-  
9 ed—

10 (A) in subsection (a) by striking “may  
11 make” and inserting “shall make”;

12 (B) in subsection (b)(1)—

13 (i) in subparagraph (H), by striking  
14 the semicolon at the end and inserting “;  
15 and”;

16 (ii) in subparagraph (I) by striking  
17 “necessary; and” and inserting a period;  
18 and

19 (iii) striking subparagraph (J); and

20 (C) by adding at the end the following:

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
22 is authorized to be appropriated to carry out this section  
23 \$12,000,000 for each of the fiscal years 2009 through  
24 2013.”.

1 **SEC. 10. TRAINING IN GRADUATE PSYCHOLOGY EDU-**  
2 **CATION.**

3 (a) IN GENERAL.—Part D of title VII (42 U.S.C.  
4 294 et seq.) is amended by—

5 (1) striking section 757;

6 (2) redesignating section 756 as section 757;

7 and

8 (3) inserting after section 755 the following:

9 **“SEC. 756. TRAINING IN GRADUATE PSYCHOLOGY EDU-**  
10 **CATION.**

11 “(a) IN GENERAL.—The Secretary may award  
12 grants, cooperative agreements and contracts to accredited  
13 graduate programs of psychology including public or non-  
14 profit private hospitals for the development and implemen-  
15 tation of interdisciplinary training of psychology graduate  
16 students for providing behavioral and mental health serv-  
17 ices. Such training shall focus on the needs of vulnerable  
18 groups such as older adults and children, individuals with  
19 mental health or substance-related disorders, victims of  
20 abuse or trauma and of combat stress disorders such as  
21 posttraumatic stress disorder and traumatic brain inju-  
22 ries, homeless individuals, chronically ill persons, and their  
23 families.

24 “(b) PROGRAM SITES.—Training under subsection  
25 (a) may be provided through accredited graduate pro-  
26 grams of psychology including public or nonprofit private

1 hospitals and such other sites as the Secretary determines  
2 to be appropriate.

3 “(c) EVALUATION OF PROGRAMS.—The Secretary  
4 shall directly or through grants or contracts provide for  
5 the evaluation of programs implemented under subsection  
6 (a) in order to determine the effect of such programs on  
7 increasing the number of psychologists who provide behav-  
8 ioral and mental health services to identified underserved  
9 areas or health disparity populations.

10 “(d) AUTHORIZATION OF APPROPRIATION.—There is  
11 authorized to be appropriated to carry out this section  
12 \$10,000,000 for each of the fiscal years 2009 through  
13 2013.”.

14 (b) CONFORMING AMENDMENTS.—Section  
15 757(b)(2), as redesignated by subsection (a), is amended  
16 by striking “sections 751(a)(1)(A), 751(a)(1)(B), 753(b),  
17 754(3)(A), and 755(b)” and inserting “sections 751(b),  
18 753(b), and 755(b)”.

19 **SEC. 11. HEALTH PROFESSIONS WORKFORCE INFORMA-**  
20 **TION AND ANALYSIS.**

21 (a) IN GENERAL.—Section 761 (42 U.S.C. 294n) is  
22 amended—

23 (1) by redesignating subsection (c) as sub-  
24 section (e);

1           (2) by striking subsection (b) and inserting the  
2       following:

3       “(b) NATIONAL CENTER FOR HEALTH WORKFORCE  
4       ANALYSIS.—

5           “(1) ESTABLISHMENT.—The Secretary shall es-  
6       tablish the National Center for Health Workforce  
7       Analysis within the Department of Health and  
8       Human Services. The Secretary shall appoint a Di-  
9       rector in consultation with the Advisory Committee  
10      on Health Workforce Information, Evaluation, and  
11      Assessment established under section 764 (in this  
12      section referred to as the ‘Committee’).

13          “(2) IN GENERAL.—The National Center for  
14      Health Workforce Analysis shall—

15           “(A) carry out the duties of the Secretary  
16      under section 792(a); and

17           “(B) collect, analyze, and report data re-  
18      garding workforce issues, as determined appro-  
19      priate by the Committee in coordination with  
20      the Regional Centers designated under sub-  
21      section (c).

22          “(3) FUNCTIONS.—The National Center for  
23      Health Workforce Analysis shall—

24           “(A) describe and evaluate the effective-  
25      ness of the programs under this part, and



1 under other sections of this title determined rel-  
2 evant by the Committee, including evaluating  
3 and reporting on workforce diversity, distribu-  
4 tion in underserved areas and for health dis-  
5 parity populations, primary care capacity and  
6 other needs, including the establishment of  
7 benchmarks for such programs;

8 “(B) use grantee data and data collected  
9 from regional workforce analysis centers des-  
10 ignated under subsection (c) in conjunction  
11 with National DataNet to regularly evaluate  
12 program performance through—

13 “(i) comparing benchmarks;

14 “(ii) assessing the effectiveness of  
15 programs in meeting the specified goals of  
16 this title; and

17 “(iii) tracking recognized subspecial-  
18 ties of the physician and dentistry work-  
19 force and nonphysician providers including  
20 physician assistants, advance practice  
21 nurses, psychologists, pharmacists, public  
22 health workers, and other professionals as  
23 appropriate by measuring and reporting on  
24 changes in workforce production and dis-  
25 tribution, and population health;

“(C) produce and report to the relevant committees of Congress an estimate of the supply and need for physicians, nurses, dentists, psychologists, pharmacists, and other health professionals, as directed by the Committee, that—

“(i) uses the best available methods for estimating supply and needs;

“(ii) provides that any models or statistical software be subject to review and made available to the public; and

“(iii) is routinely (such as biennially) compiled and reported for physicians alternating with other professions;

“(D) maintain uniform data sets in coordination with, and responsive to, the regional centers designated under subsection (c) that—

“(i) can be used to estimate State and county supply and needs of physicians, nurses, dentists, and other health professionals;

“(ii) can be used to develop in the identification of health professional shortage areas and medically underserved areas; and

1 “(iii) shall be updated and made avail-  
2 able to the public via the Internet or other  
3 electronic means; and

4 “(E) collaborate with agencies in the De-  
5 partment of Health and Human Services, the  
6 Department of Labor, and the Department of  
7 Education in data collection and maintenance  
8 of uniform data sets as determined appropriate  
9 by the Secretary and the Committee.

10 “(4) REPORT.—On biennial basis, the Director  
11 shall submit to the relevant Congressional commit-  
12 tees a report on the activities, information gathered,  
13 and findings of the Center during the previous 2-  
14 year period.

15 “(c) REGIONAL CENTERS FOR WORKFORCE ANAL-  
16 YSIS.—

17 “(1) ESTABLISHMENT.—The Secretary shall  
18 designate 6 to 10 entities described in paragraph (2)  
19 as regional workforce analysis centers.

20 “(2) ENTITIES.—An entity described in this  
21 paragraph shall be a public health or health profes-  
22 sions school, an academic health center, or other ap-  
23 propriate public or private nonprofit entity or part-  
24 nerships of such entities determined by the Sec-

1       retary to be capable of carrying out the functions de-  
2       scribed in paragraph (3).

3               “(3) FUNCTIONS.—An entity designated under  
4       this subsection shall—

5               “(A) function cooperatively with the na-  
6       tional and other regional centers to—

7               “(i) collect data on programs carried  
8       out under this part, and under other sec-  
9       tions of this title determined relevant by  
10      the Committee, in a consistent manner;

11              “(ii) develop and maintain standard-  
12      ized approaches toward reporting con-  
13      formity across regional centers;

14              “(iii) collaborate with the National  
15      Center for Health Workforce Analysis, the  
16      Committee, and other regional centers, on  
17      the development and distribution of re-  
18      gional and national studies and reports to  
19      a wide audience, including policymakers;

20              “(iv) coordinate with identified local  
21      and regional sources of health profes-  
22      sionals workforce data, such as State  
23      workforce commissions, for reporting to  
24      national level; and

1 “(v) develop program evaluations and  
2 assessments, as described in subsection  
3 (b);

4 “(B) serve as a regional resource for moni-  
5 toring the impact of policies and programs on  
6 the healthcare workforce, including—

7 “(i) developing and maintaining a  
8 nongovernment analytic and research in-  
9 frastructure related to the purposes de-  
10 scribed in subsection (b); and

11 “(ii) working with States and State  
12 agencies, including State primary care of-  
13 fices and State workforce commissions, to  
14 identify areas that qualify as shortage des-  
15 ignations and supporting the development  
16 of such shortage designation requests; and

17 “(C) provide technical assistance to local  
18 and regional entities on data collection and  
19 analysis related to healthcare workforce issues,  
20 including—

21 “(i) supporting studies that lead to  
22 understanding the impact of a diverse  
23 workforce on health outcomes, both de-  
24 scriptive and analytic;

1 “(ii) supporting studies that lead to  
2 understanding the impact of the primary  
3 care workforce on health outcomes, both  
4 descriptive and analytic; and

5 “(iii) supporting studies that lead to  
6 understanding the impact of geographic  
7 distribution on health outcomes, both de-  
8 scriptive and analytic; and

9 “(D) initiate and conduct research on  
10 high-priority health workforce questions, in ac-  
11 cordance with subparagraph (A).

12 “(4) GRANTS OR CONTRACTS TO CONDUCT RE-  
13 SEARCH.—

14 “(A) IN GENERAL.—The Secretary shall  
15 award grants or contracts to regional centers  
16 for workforce analysis for the conduct of re-  
17 search on high-priority workforce questions de-  
18 scribed in paragraph (3)(D), including—

19 “(i) national studies on emerging  
20 issues;

21 “(ii) State health workforce profiles;  
22 and

23 “(iii) future health workforce issues  
24 and trends.

1           “(B) DURATION OF AWARD.—The period  
2           during which payments are made to an entity  
3           from an award of a grant or contract under this  
4           paragraph shall not exceed 3 years.

5           “(C) DISSEMINATION OF INFORMATION.—  
6           Amounts awarded under this paragraph shall  
7           include amounts necessary for the dissemina-  
8           tion of reports produced pursuant to the award.

9           “(d) GRANTS TO ASSESS AND MONITOR THE SUPPLY  
10          AND NEED OF HEALTH PROFESSIONALS.—

11           “(1) IN GENERAL.—The Secretary shall award  
12          grants to, and enter into contracts with, eligible en-  
13          tities for the purpose of monitoring the supply, need  
14          for, and diversity and distribution of, physicians,  
15          psychologists, dentists, physician assistants, and  
16          other health professionals as determined by, and  
17          based on health workforce needs assessments pro-  
18          vided by the National Center for Health Workforce  
19          Analysis under subsection (b).

20           “(2) ELIGIBLE ENTITY.—For purposes of this  
21          subsection, the term ‘eligible entity’ means an entity  
22          described in section 799(b) and regional centers for  
23          health workforce analysis under subsection (c).

24           “(3) APPLICATION.—To be eligible for a grant  
25          or contract under paragraph (1), an entity shall sub-

1 mit to the Secretary an application at such time, in  
2 such manner, and containing such information as  
3 the Secretary may require.

4 “(4) USE OF FUNDS.—An entity shall use  
5 amounts awarded under a grant or contract under  
6 this subsection to collaborate with the National and  
7 regional centers under subsections (b) and (c) to  
8 conduct research on workforce issues, as determined  
9 by the Director of the National Center for Health  
10 Workforce Analysis in consultation with the Com-  
11 mittee. Such research shall include—

12 “(A) collecting, analyzing, and reporting  
13 data pertinent to State and regional workforce  
14 issues that may contribute to the national un-  
15 derstanding of workforce supply and need;

16 “(B) setting up and monitoring data sets  
17 appropriate to specific workforce supply and  
18 need; and

19 “(C) other projects as deemed appropriate  
20 by such Director and Committee.”; and

21 (3) in subsection (e) (as so redesignated)—

22 (A) by striking paragraph (1) and insert-  
23 ing the following:

24 “(1) IN GENERAL.—



1           “(A) NATIONAL CENTER FOR WORKFORCE  
2 ANALYSIS.—There are authorized to be appro-  
3 priated to carry out subsection (b) (to fund the  
4 National Center for Workforce Analysis),  
5 \$1,000,000 for each of the fiscal years 2009  
6 through 2013, and such sums as may be nec-  
7 essary for each fiscal year thereafter.

8           “(B) REGIONAL CENTERS.—There are au-  
9 thorized to be appropriated \$4,500,000 to carry  
10 out subsection (c) (to fund each of the regional  
11 centers), an amount not to exceed \$750,000 for  
12 each of the centers for each of the fiscal years  
13 2009 through 2013, and such sums as may be  
14 necessary for each fiscal year thereafter.

15           “(C) AWARDS TO CONDUCT RESEARCH.—  
16 There are authorized to be appropriated to  
17 carry out subsection (c)(4), \$2,000,000 for each  
18 of the fiscal years 2009 through 2013. Any  
19 amount appropriated pursuant to the preceding  
20 sentence shall be in addition to any amount ap-  
21 propriated pursuant to subparagraph (B).

22           “(D) AWARDS TO ASSESS AND MONITOR  
23 THE SUPPLY AND NEED OF HEALTH PROFES-  
24 SIONALS.—There are authorized to be appro-  
25 priated to carry out subsection (d), \$1,000,000

1           for each of the fiscal years 2009 through 2013,  
2           and such sums as may be necessary for each  
3           fiscal year thereafter.

4           “(E) CARRYOVER FUNDS.—An entity that  
5           receives an award under this section may carry  
6           over funds from 1 fiscal year to another without  
7           obtaining approval from the Secretary. In no  
8           case may any funds be carried over pursuant to  
9           the preceding sentence for more than 3 years.”;  
10          and

11          (B) in paragraph (2), by striking “sub-  
12          section (a)” and inserting “paragraph (1)”.

13          (b) TRANSFER OF FUNCTIONS.—Not later than 180  
14          days after the date of enactment of this Act, all of the  
15          functions and authorities carried out by the National Cen-  
16          ter for Health Workforce Analysis of the Health Resources  
17          and Services Administration as in effect on the day before  
18          the date of enactment of this Act shall be transferred to  
19          the National Center for Health Workforce Analysis estab-  
20          lished under section 761(b) of the Public Health Service  
21          Act (as amended by subsection (a)).

22       **SEC. 12. HEALTH WORKFORCE INFORMATION, EVALUA-**  
23       **TION, AND ASSESSMENT.**

24          (a) HEALTH PROFESSIONAL WORKFORCE INFORMA-  
25          TION AND ANALYSIS.—Subpart 1 of part E of title VII

1 (42 U.S.C. 294n et seq.) is amended by adding at the end  
2 the following:

3 **“SEC. 764. HEALTH WORKFORCE INFORMATION, EVALUA-**  
4 **TION, AND ASSESSMENT.**

5 “(a) ADVISORY COMMITTEE.—The Secretary shall  
6 establish an advisory committee to be known as the Advi-  
7 sory Committee on Health Workforce Information, Eval-  
8 uation, and Assessment (referred to in this section as the  
9 ‘Advisory Committee’).

10 “(b) MEMBERSHIP.—

11 “(1) IN GENERAL.—The Secretary shall deter-  
12 mine the appropriate number of individuals to serve  
13 on the Advisory Committee, which shall include—

14 “(A) the Director of Health Resources and  
15 Services Administration (or his or her des-  
16 ignee);

17 “(B) the Director of the National Health  
18 Service Corps (or his or her designee);

19 “(C) a director of an area health education  
20 center program or area health education center  
21 under section 751;

22 “(D) the chairperson of the Accreditation  
23 Council on Graduate Medical Education;

24 “(E) the Director of the National Center  
25 for Healthcare Workforce Analysis;

1                   “(F) the Chair of the National Advisory  
2                   Council on Nurse Education and Practice;

3                   “(G) at least 1 representative of—

4                   “(i) the Department of Labor;

5                   “(ii) the Department of Education;

6                   “(iii) the Advisory Committee on  
7                   Training in Primary Care Medicine and  
8                   Dentistry;

9                   “(iv) a regional workforce analysis  
10                  center designated under section 761(c);  
11                  and

12                  “(v) a State-level primary care organi-  
13                  zation; and

14                  “(H) one representative from each of the  
15                  practicing clinical professions described in para-  
16                  graph (2).

17                  “(2) PRACTICING CLINICAL PROFESSIONS.—

18                  The practicing clinical professions described in this  
19                  paragraph include—

20                  “(A) one of each of the physician special-  
21                  ties representing primary care including family  
22                  medicine, pediatrics, general internal medicine,  
23                  and general geriatrics;

24                  “(B) physician assistants;

1           “(C) general or pediatric dental profes-  
2           sionals;

3           “(D) psychology professionals;

4           “(E) nursing professionals;

5           “(F) pharmacy professionals;

6           “(G) public health professionals; and

7           “(H) preventive medicine physicians.

8           “(3) REQUIREMENTS.—In providing for the  
9           membership of the Advisory Committee, the Sec-  
10          retary shall ensure that—

11           “(A) the members adequately represent  
12          urban and federally designated rural and non-  
13          metropolitan areas from throughout the Nation  
14          and that there is at least 1 clinical professional  
15          representing a rural and an urban Federally  
16          qualified health center;

17           “(B) the members adequately represent  
18          underrepresented populations in the health pro-  
19          fessions; and

20           “(C) the members are selected based on  
21          competence, interest, and knowledge of the mis-  
22          sion and professions involved.

23           “(4) INITIAL APPOINTMENT.—The Secretary  
24          shall make the initial appointment under this section  
25          of members to the Advisory Committee in consulta-

1       tion with the Comptroller General of the United  
2       States.

3           “(5) CHAIRPERSON.—The chairperson of the  
4       Advisory Committee shall be selected by a vote of  
5       the members of the Committee.

6           “(6) TERMS.—

7               “(A) IN GENERAL.—Except as provided in  
8       subparagraph (B), each member of the Advi-  
9       sory Committee shall be appointed for a period  
10      of 3 years.

11           “(B) STAGGERED TERMS.—Of the mem-  
12      bers first appointed to the Advisory Committee  
13      under paragraph (4)—

14               “(i)  $\frac{1}{3}$  shall be appointed for a period  
15      of 1 year;

16               “(ii)  $\frac{1}{3}$  shall be appointed for a pe-  
17      riod of 2 years; and

18               “(iii)  $\frac{1}{3}$  shall be appointed for a pe-  
19      riod of 3 years.

20           “(c) DUTIES.—The Advisory Committee shall carry  
21      out the following activities:

22               “(1) Make recommendations regarding the clas-  
23      sifications of the health care workforce in collabora-  
24      tion with the Department of Labor to ensure the

1 consistency of data collection, and update these rec-  
2 ommendations at least every 5 years.

3 “(2) Make recommendations regarding stand-  
4 ardized methodology and procedures to enumerate  
5 the health care workforce, and update these rec-  
6 ommendations at least every 5 years.

7 “(3) Direct that adequate data be collected to  
8 evaluate the impact on the distribution and deploy-  
9 ment of the health care workforce in settings such  
10 as Federally qualified health centers, the National  
11 Health Service Corps, and to underserved areas or  
12 populations.

13 “(4)(A) Make recommendations regarding  
14 standardized measures and procedures for reporting,  
15 including reporting with respect to—

16 “(i) student entry and retention in the  
17 health professions, with focus on primary care  
18 fields and general dentistry;

19 “(ii) increasing the diversity of the health  
20 professional population;

21 “(iii) improving the distribution of health  
22 professionals in the United States;

23 “(iv) strengthening the public health and  
24 health care delivery infrastructure;

1           “(v) providing access to care relative to  
2 workforce distribution;

3           “(vi) improving the quality of health care  
4 through education, training, and collaboration  
5 with appropriate entities to identify and define  
6 excellence in health services delivery which is ef-  
7 ficient, effective, evidence-based, and timely and  
8 may include—

9                   “(I) community-based quality im-  
10 provement and best practices networks;

11                   “(II) community-based participatory  
12 research networks;

13                   “(III) continuing professional edu-  
14 cation programs; and

15                   “(IV) distance learning technologies  
16 and methodologies;

17           “(vii) practice improvement through the  
18 implementation of new systems of care, such as  
19 health information technology, chronic care  
20 models, interdisciplinary and collaborative care,  
21 cultural competency, and health literacy and  
22 other models; and

23           “(viii) assessing the link between the pipe-  
24 line programs and staffing of health profes-  
25 sional shortage areas, medically underserved



1 areas, and the National Health Service Corps  
2 as well as other Federal safety net programs.

3 “(B) Update the recommendations under sub-  
4 paragraph (A) at least every 5 years.

5 “(5) Define successful performance outcome  
6 measures within programs under this title.

7 “(6) Define processes by which funding recipi-  
8 ents will collaborate with regional workforce analysis  
9 centers under section 761(c) to collect and share  
10 data with other such centers for further analysis.

11 “(7) Other duties as deemed appropriate by the  
12 Secretary in consultation with the Committee.

13 “(d) WORKING GROUPS AND SUBCOMMITTEES.—The  
14 Advisory Committee may establish working groups or  
15 other subcommittees to carry out functions determined to  
16 be appropriate by the Advisory Committee and the Chair-  
17 man and meet separately for these purposes.

18 “(e) MEETINGS.—The full Advisory Committee shall  
19 meet at least 3 times annually.

20 “(f) TERMINATION.—The Advisory Committee shall  
21 not be terminated prior to the later of—

22 “(1) the date that is 5 years after the date of  
23 enactment of this section; or

24 “(2) the date on which funding is not made  
25 available for the Advisory Committee.

1       “(g) FACA.—The Federal Advisory Committee Act  
2 (5 U.S.C. App.) shall apply to the Advisory Committee  
3 under this section only to the extent that the provisions  
4 of such Act do not conflict with the requirements of this  
5 section.”.

6       (b) PUBLIC HEALTH WORKFORCE GENERAL PROVI-  
7 SIONS.—Section 765 (42 U.S.C. 295) is amended—

8           (1) in subsection (b)(1)(A), by striking “or den-  
9 tal public health” and inserting “dental public  
10 health, or behavioral and mental health”; and

11          (2) in subsection (d)—

12           (A) in paragraph (5)(A)—

13                  (i) by inserting “internship and” after  
14 “new”;

15                  (ii) by inserting “internship and”  
16 after “existing”;

17                  (iii) by striking “and dental public  
18 health, that” and inserting “, dental public  
19 health, and behavioral and mental health,  
20 that”; and

21                  (iv) by striking “and dental public  
22 health; and” and inserting “, dental public  
23 health, and behavioral and mental health;  
24 and”;

1 (B) in paragraph (5)(B), by inserting “in-  
2 ternship and” after “assistance to”; and

3 (C) in paragraph (6), by inserting “behav-  
4 ioral and mental health,” after “public health  
5 dentistry,”

6 **SEC. 13. FUNDING FOR DENTAL PUBLIC HEALTH AND PRE-**  
7 **VENTIVE MEDICINE.**

8 Section 768 (42 U.S.C. 295c) is amended by adding  
9 at the end the following:

10 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
11 is authorized to be appropriated—

12 “(1) for dental public health programs carried  
13 out under this section—

14 “(A) \$1,000,000 for each of the fiscal  
15 years 2009 through 2013; and

16 “(B) such sums as may be necessary for  
17 each fiscal year thereafter; and

18 “(2) for public health (other than dental public  
19 health) and preventive medicine programs carried  
20 out under this section—

21 “(A) \$16,000,000 for each of the fiscal  
22 years 2009 through 2013; and

23 “(B) such sums as may be necessary for  
24 each fiscal year thereafter.”.

1 **SEC. 14. ACADEMIC HEALTH DEPARTMENTS GRANT PRO-**  
2 **GRAM.**

3 Subpart 2 of part E (42 U.S.C. 295 et seq.) is  
4 amended by adding at the end the following:

5 **“SEC. 771. ACADEMIC HEALTH DEPARTMENTS GRANT PRO-**  
6 **GRAM.**

7 “(a) ESTABLISHMENT.—

8 “(1) IN GENERAL.—In order to improve the  
9 training of public health students, the Secretary,  
10 acting in conjunction with the Director of the Cen-  
11 ters for Disease Control and Prevention and in con-  
12 sultation with the Association of Schools of Public  
13 Health, shall carry out the Academic Health Depart-  
14 ments grant program (referred to in this section as  
15 the ‘Program’) under which the Secretary shall  
16 award competitive grants, of not more than  
17 \$250,000 each, to eligible partnerships to establish  
18 Academic Health Departments.

19 “(2) ACADEMIC HEALTH DEPARTMENT.—For  
20 purposes of this section, the term ‘Academic Health  
21 Department’ means a program administered by an  
22 eligible partnership that provides for collaboration  
23 between the academic and practice aspects of public  
24 health. The purpose of such a department is to in-  
25 crease the number of graduates in public health who  
26 work in State and local health departments, increase

1 the relevance of the curriculum in schools and pro-  
2 grams of public health to health department prac-  
3 tice, and to increase the use of academic theories,  
4 knowledge, and methodologies in the work of health  
5 departments.

6 “(b) ELIGIBILITY.—For purposes of this section, an  
7 eligible partnership is a partnership, with respect to estab-  
8 lishing an Academic Health Department, consisting of—

9 “(1) a State or local public health department;  
10 and

11 “(2) an accredited school of public health or an  
12 accredited public health degree program.

13 “(c) USE OF FUNDS.—An eligible partnership de-  
14 scribed in subsection (b) may use funds provided under  
15 a grant made under subsection (a) for the following pur-  
16 poses, with respect to an Academic Health Department:

17 “(1) To conduct training needs assessment sur-  
18 veys.

19 “(2) To provide for curriculum development.

20 “(3) To provide for training and academic in-  
21 struction.

22 “(4) To conduct leadership seminars.

23 “(5) To facilitate appropriate staff of the State  
24 or local health department participating in the eligi-  
25 ble partnership to teach with the school of public

1 health or public health degree program participating  
2 in such partnership.

3 “(6) To facilitate faculty and students of the  
4 school of public health or public health degree pro-  
5 gram participating in the eligible partnership to  
6 work in the health department participating in such  
7 partnership.

8 “(7) To provide for a project coordinator.

9 “(8) To provide for subgrants to organizations  
10 to conduct activities consistent with the goals of the  
11 Program.

12 “(9) Other appropriate activities specified by  
13 the Secretary to recruit public health students to full  
14 time employment in a health department after grad-  
15 uation.

16 “(d) REPORTS.—

17 “(1) GRANT RECIPIENT REPORTS TO THE SEC-  
18 RETARY.—Each recipient of a grant awarded under  
19 subsection (a) shall submit to the Secretary a report  
20 for each year for which the recipient received such  
21 a grant on the results and outcomes of the activities  
22 funded by such grant during such year.

23 “(2) REPORTS TO CONGRESS.—For the 3-year  
24 period beginning on the date of the establishment of  
25 the Program, and for each subsequent 3-year period

1 in which the Program is in existence, the Secretary  
2 shall submit to Congress a report on the results and  
3 outcomes of the Program during such 3-year period,  
4 including the number of Academic Health Depart-  
5 ments funded by grants under the Program, the  
6 number of students trained through grants under  
7 the Program, and the number of trainees partici-  
8 pating in such Academic Health Departments who  
9 remain in public health professions.

10 “(3) EVALUATION OF PROGRAM.—Not later  
11 than the date that is 5 years after the date of the  
12 establishment of the Program, the Secretary shall  
13 submit to Congress a report that examines the re-  
14 sults and outcomes of the Program and recommends  
15 the extent to which the Program should be contin-  
16 ued.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
18 is authorized to be appropriated to carry out this section,  
19 \$4,000,000 for each of the fiscal years 2009 through  
20 2013.”.

21 **SEC. 15. DEFINITIONS.**

22 Section 799B (42 U.S.C. 295p) is amended—

23 (1) by striking paragraph (3) and inserting the  
24 following:

1           “(3) PHYSICIAN ASSISTANT EDUCATION PRO-  
 2           GRAM.—The term ‘physician assistant education  
 3           program’ means an educational program in a public  
 4           or private institution in a State that—

5                   “(A) has as its objective the education of  
 6           individuals who, upon completion of their stud-  
 7           ies in the program, be qualified to provide pri-  
 8           mary care medical services with the supervision  
 9           of a physician; and

10                   “(B) is accredited by the Accreditation Re-  
 11           view Commission on Education for the Physi-  
 12           cian Assistant.”; and

13           (2) by adding at the end the following:

14           “(12) FEDERALLY QUALIFIED HEALTH CEN-  
 15           TER.—The term ‘Federally qualified health center’  
 16           has the meaning given that term in section 1861(aa)  
 17           of the Social Security Act.

18           “(13) RURAL HEALTH CLINIC.—The term  
 19           ‘rural health clinic’ has the meaning given that term  
 20           in section 1861(aa) of the Social Security Act.

21           “(14) CULTURAL COMPETENCY.—The term  
 22           ‘culturally competency’—

23                   “(A) with respect to health-related serv-  
 24           ices, means the ability to provide healthcare tai-  
 25           lored to meet the social, cultural, and linguistic



1 needs of patients from diverse backgrounds;  
2 and

3 “(B) when used to describe education or  
4 training, means education or training designed  
5 to prepare those receiving the education or  
6 training to provide health-related services tai-  
7 lored to meet the social, cultural, and linguistic  
8 needs of patients from diverse backgrounds.

9 “(15) HEALTH DISPARITY POPULATION.—The  
10 term ‘health disparity population’ has the meaning  
11 given such term in section 903(d)(1).

12 “(16) HEALTH LITERACY.—The term ‘health  
13 literacy’ means the degree to which an individual has  
14 the capacity to obtain, communicate, process, and  
15 understand health information (including the reg-  
16 ister and language in which the information is pro-  
17 vided) and services in order to make appropriate  
18 health decisions.

19 “(17) INDIAN.—The term ‘Indian’ has the  
20 meaning given such term in section 4 of the Indian  
21 Health Care Improvement Act (25 U.S.C. 1603).

22 “(18) MINORITY GROUP.—The term ‘minority  
23 group’ has the meaning given the term ‘racial and  
24 ethnic minority group’ in section 1707.”.

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